MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 132   Primary Registration District No. 3021   Registrar's No. 205

STATE FILE NUMBER 63-043634

DO NOT WRITE ON THIS STUB   **AMENDED**

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

MEDICAL CERTIFICATION

FILED DEC 9 1963

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Trenton
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Wright Hospital   Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo   b. COUNTY: Grundy
c. CITY OR TOWN: Trenton   Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1312 Harris Ave   Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print)
First: Vera   Middle: O   Last: Safarik

4. DATE OF DEATH
Month: Nov   Day: 30   Year: 1963

5. SEX: F   **6. COLOR OR RACE:** W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/20/1915
9. AGE (last birthday): 48   IF UNDER 1 YEAR: Months __ Days __   IF UNDER 24 HR: Hours __ Min __

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Household
11. BIRTHPLACE (City and state or country): Grundy Co. Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Bert Dunkin
13b. MOTHER'S MAIDEN NAME: Alma Schrader
14. NAME OF HUSBAND OR WIFE: Ray Safarik

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No   (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ray Safarik   Address: Trenton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute cerebrovascular accident	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Severe hypertension	3 months
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days. Yes ☐ No ☑ Unknown ☐

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour __ a.m./p.m.   Month, Day, Year __
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
20f. CITY, TOWN, OR LOCATION: COUNTY: STATE:

21. I attended the deceased from 11-28-63 to 11-30-63 and last saw her alive on 11-30-63
Death occurred at 11:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. R. Clark M.D.   **22b. ADDRESS:** Trenton, Mo.   **22c. DATE SIGNED:** 12/3/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial   **23b. DATE:** 12-4-1963   **23c. NAME OF CEMETERY OR CREMATORY:** Resthaven Memorial Garden   **23d. LOCATION** (City, town, or county): Trenton, Mo.

24. FUNERAL DIRECTOR: J. Gordon Blackmore Trenton, Mo.   **25. DATE RECD. BY LOCAL REG.:** 12-4-63   **26. REGISTRAR'S SIGNATURE:** Irene Dair

(Licensed Embalmer's Statement on Reverse Side)

Dr. Clark.

DEC 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed _Gordon Blackmon_____
　　　　Signature of Student Embalmer

　　　　　　　　　　　　　　　　　　　　　　　Licensed Embalmer No._4602_____

　　　　　　　　　　　　　　　　　　　　　　　P. O. Address _TRENTON, Mo._

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.